

# Exhibit J

**AUTHORIZATION TO DISCLOSE HEALTH INFORMATION**

Patient Name: Charles D. Hall, Sr.

Date of Birth: 12/16/1973

Social Security Number: [REDACTED]

1. I authorize the use or disclosure of the above named individual's health information as described below:

2. The following individual or organization is authorized to make disclosure:

Dr. Robert Yant

Address: Podiatry Associates of Florida, 1914 Southside Boulevard, Suite 1, Jacksonville, FL. 32216.

3. The type and amount of information to be used or disclosed is as follows: (included dates where appropriate)

ENTIRE RECORD

4. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and/or drug abuse.

5. This information may be disclosed to and used by the following individual or organization:

**Vickie S. Carlton-Sadler with the law firm: Adorno & Yoss**

Address: **1349 W. Peachtree St. NE, Suite 1500, Atlanta, GA 30309**

For the purpose of: **lawsuit filed by Plaintiff**

6. **EXPIRATION:** This authorization expires after a **single use or September 7, 2009**, whichever occurs first.

7. **MANDATORY COPY:** This authorization **requires** the healthcare provider to **simultaneously:**

A. Send a copy of all correspondence received from the requestor; and

B. Send a copy of all medical records, materials, CD's and/or films provided to:

**Fred Abbott,  
Abbott Law Firm, P.A.  
2929 Plummer Cove Road  
Jacksonville, FL 32223**

8. The law firm described in Paragraph 5 will be responsible for all costs incurred by the healthcare provider.

9. Included herewith is the undersigned legal representative's medical authorization, executed by Charles D. Hall, Sr.

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Signature of Patient or Legal Representative

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Date

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Signature of Witness